

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



## INSTRUCTIONS FOR FILING AN APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL (ABC) CATERER'S LICENSE

The following instructions are intended for individual and retail applicants who are applying for an Alcoholic Beverage Control (ABC) caterers license. You must call an ABC Licensing Specialist to schedule an appointment for the submission of your application. **Applications will only be accepted when ALL of the information is provided. To schedule an appointment call (202) 442-4423 between the hours of 9:00 a.m. and 4:00 p.m., Monday through Friday and ask to speak to a caterer specialist.**

### **The application must be signed by the following:**

If the applicant is a **sole proprietor**, the individual must sign.

If the applicant is a **partnership**, all partners must sign and submit a copy of the partnership agreement.

If the applicant is a **corporation**, the President or Vice President must sign. Certified Articles of Incorporation and a Certificate of Organization must be provided. These documents may be obtained from the Department of Consumer and Regulatory Affairs (DCRA), Corporations Division. Also, minutes of the Board of Director's meeting verifying the election of the officers and a copy of stock certificates must be submitted.

If the applicant is an **LLC**, the managing member(s) must sign. The Articles of Organization, the Operating Agreement, Certificate of Organization and Certificate of Good Standing must be submitted. These documents may be obtained from the DCRA, Corporations Division.

If the applicant is a **Limited Partnership**, the general partner(s) must sign. If the general partner is a corporation, the documents may be obtained from the DCRA, Corporations Division. Also, minutes of the Board of Director's meeting verifying the election of the officers and a copy of stock certificates must be submitted.

**General Instructions. Please note that police clearances, Personal History Form and Information Release Affidavits will be waived for an applicant who currently holds a Class C or D license by the same exact licensee.**

1. All applications must be filed in duplicate.
2. **All persons applying for an ABC License must be at least 21 years of age.**
3. Applications must be submitted in person. **Please bring a valid government issued identification with you.**
4. Please note the term "**APPLICANT**" as used in this application designates the person in whose name the license will be issued if the application is approved.
5. All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, at 300 Indiana Avenue, NW, Room 3058, Washington, DC 20001, Monday through Friday. **In addition, you must submit a police clearance for the jurisdiction in which you currently reside. If you are a holder of a current license or permit this requirement is waived.**
6. All persons with a misdemeanor conviction during the last five (5) years or a felony conviction during the last ten (10) years must submit a copy of the court disposition.
7. Application forms must be notarized where applicable.

8. **FEE:** The fee varies. Your licensing specialist will provide you with the correct license fee that is due. There is a processing fee of seventy-five dollars (\$75.00). There is a transfer fee of two hundred and fifty dollars (\$250.00). Attached is a copy of fees. **All payments can be made in the form of a cashier's check, certified check, business check, attorney's check, personal check, or money order, payable to the D.C. Treasurer, cash, or by credit card (except for American Express).**
9. **OTHER DOCUMENTS:** All applicants must file for a D.C. Business Tax number at the Office of Tax and Revenue (OTR). Please have all individuals that have completed the Personal History Form and Information Release Affidavits, also complete and submit a Clean Hands Certification. All transferors and any transferee's whose entity has been in existence for more than ninety (90) days must also submit a Certificate of Good Standing from OTR.
10. Attach extra sheets if the space provided under any item is inadequate. Write, "**see attachment**" in any such space, and show name of licensee and date of application at the top of each sheet.

**NOTE:** The D.C. Department of Consumer & Regulatory Affairs (DCRA), Corporations Division and the Office of Tax and Revenue (OTR) are located at 941 North Capitol Street, NE, 1<sup>st</sup> Floor, Washington, DC 20002.

### **SPECIAL NOTICE**

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.

## Fees based upon existing catering District gross annual receipts

More than \$1,000,000 per year gross annual receipts	\$5,000
\$1,000,000 or less per year gross annual receipts	\$4,000
\$500,000 or less per year gross annual receipts	\$3,000
\$300,000 or less per year gross annual receipts	\$2,000
\$200,000 or less per year gross annual receipts	\$1,000
\$100,000 or less per year gross annual receipts	\$750
\$50,000 or less per year gross annual receipts	\$500
\$25,000 or less per year gross annual receipts	\$300

### Caterer Prorated License Fee Schedule

The following fees are prorated based on the month you submit your application, and are based on your gross annual receipts in the District.

<b>Annual Gross Receipts</b>	<b>\$1,000,000 +</b>	<b>\$500,001 - \$1,000,000</b>	<b>\$300,001 - \$500,000</b>	<b>\$200,001 - \$300,000</b>	<b>\$100,001 - \$200,000</b>	<b>\$50,001 - \$100,000</b>	<b>\$25,001 - \$50,000</b>	<b>\$0 - \$25,000</b>
<b>Licensure Period</b>								
<b>April - September</b>	\$ 5,000	\$ 4,000	\$ 3,000	\$ 2,000	\$ 1,000	\$ 750	\$ 500	\$ 300
<b>October</b>	\$ 2,500	\$ 2,000	\$ 1,500	\$ 1,000	\$ 500	\$ 375	\$ 250	\$ 150
<b>November</b>	\$ 2,083	\$ 1,667	\$ 1,250	\$ 833	\$ 417	\$ 313	\$ 208	\$ 125
<b>December</b>	\$ 1,667	\$ 1,333	\$ 1,000	\$ 667	\$ 333	\$ 250	\$ 167	\$ 100
<b>January</b>	\$ 1,250	\$ 1,000	\$ 750	\$ 500	\$ 250	\$ 188	\$ 125	\$ 75
<b>February</b>	\$ 833	\$ 667	\$ 500	\$ 333	\$ 167	\$ 125	\$ 83	\$ 50
<b>March</b>	\$ 417	\$ 333	\$ 250	\$ 167	\$ 83	\$ 63	\$ 42	\$ 25

## Filing Instructions.

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply; fill in the word "NONE".

### **ABC APPLICATION:**

1.
  - a. Check the CATERER box.
  - b. If the applicant currently holds another on-premise retailer license please check the appropriate boxes and enter license number.
  - c. Please indicate the estimated amount of annual gross receipts in the District and provide a copy of (1) District of Columbia franchise tax return, or (2) Schedule C if sole proprietor, or (3) IRS Form 1120 or 1120S if a corporation, or (4) IRS Form 1065 if a partnership.
  - d. If the applicant acknowledges annual gross receipts in the District in excess of \$1 million, they may check this box in lieu of providing the documents requested in 1c above, and pay the license fee associated with caterer licenses for that income class.
2. Print applicant's name (Last Name, First Name, Middle Initial);
3. Print applicant's trade name;
4. Print applicant's business address;
5. Print applicant's mailing address if different from business address;
6. Print applicant's business telephone number;
7. Print applicant's fax number;
8. Print applicant's email address;
9. Check appropriate box for type of applicant: Sole Proprietor, Corporation, Partnership, LLC or Other (PLLC, PA, PC);
10. Please list the name, title and address of the Sole Proprietors, and all partners;
11. Please list if a corporation gives the number of stocks and shares. If so, state authorized, issued, name and title, address and number of shares/25% interest or more held by each person;
12. Check the appropriate box as to whether any administrative action has been taken against the applicant or any person listed above regarding ABC violations in DC or any state. If yes, please explain what administrative actions were taken, date, location of action, and the disposition;
13. **Certification/Affidavit:** Please read, and have your signature notarized.
14. Please answer the question: In what language do you need vital documents translated, if any?

### **ADDITIONAL DOCUMENTS REQUIRED FOR A CATERERS LICENSE:**

#### **FINANCIAL AFFIDAVIT.** *Please note that this form is waived for an applicant who currently hold a Class C or D license by the same exact licensee.*

Provide trade name of the establishment. Please be sure that Section B exceeds Section A. Although you will complete this form, please be advised that the Licensing Specialist or the ABC Board may request the actual documentation of the source of the monies.

- A. Please list the cost/expenses for: Purchase/Sale Price for Business or Stock, Down Payment, Amount Financed, Working Capital, Inventory and Total Cost Expenses;
- B. Please list the source of funds to satisfy the transaction (\$ amounts), total(s), multiple or sole source must agree with the total cost expense. Funds dispersed to satisfy the transaction prior to the application must be accounted for in the areas: 1. Cash on Hand, 2. Savings Account, 3. Checking Account, 4. Certification of Deposit, 5. Promissory Notes, 6. Loans, 7. Other and Total Source Funds;

**Bulk Sales Notification (If Applicable):** Please read, and have your signature notarized.

#### **PERSONAL HISTORY AND INFORMATION RELEASE AUTHORIZATION AFFIDAVIT.** *Please note that this form is waived for an applicant who currently hold a Class C or D license by the same exact licensee.*

All applicants such as sole proprietor, partner, general partner in a limited partnership, officer(s), director(s) or managing manager in a LLC, corporate officer(s) or director(s) in a corporation must each complete a personal history and information release authorization affidavit.

Check the appropriate box for either: New Application, Transfer or Stock Transfer, which explains why you are filing the personal history and information release authorization affidavit. Also, provide the trade name of the business and the number of shares you hold, if applicable.

1. Print applicant's name (Last Name, First Name, Middle Initial);
2. Print applicant's title;
3. Print applicant's home address;
4. Print applicant's telephone number;
5. Print applicant's date of birth;
6. Print applicant's place of birth;

7. Print applicant's list of aliases;
8. Check appropriate box if you are eligible to work in the U.S. If naturalized citizen, please provide copy. Also list date, place and certification number;
  - a. If applicable provide your green card number, visa number or work permit and expiration date;
9. Check appropriate box for the following questions, "Have you ever":
  - received or applied for any alcoholic beverage license in DC or any state;
  - had any alcoholic beverage license suspended or revoked; or
  - been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years. If yes, attach copy of the court disposition;
10. Check appropriate box as to whether any member of your immediate family now holds an ABC license or has any financial interest, directly or indirectly, in any ABC licensed establishment in DC.

**INFORMATION RELEASE AUTHORIZATION.** *Please note that this form is waived for an applicant who currently hold a Class C or D license by the same exact licensee.*

Please complete this form by providing your signature, full name (typed or printed), other names used, social security number, current address, home phone number and date. Please have your signature notarized.

**OTHER FORMS NEEDED WHEN, YOU COMPLETE A PERSONAL HISTORY AND INFORMATION RELEASE AUTHORIZATION:** All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, located at 300 Indiana Avenue, NW, Room 3058, Washington, DC 20001, Monday through Friday, between the hours of 9:00 a.m. to 3:00 p.m. **In addition, you must provide a police clearance for the jurisdiction in which you currently reside.**

**ATTORNEY/AGENT DESIGNATION:**

Have your attorney/agent complete this form, if applicable. The attorney/agent should provide the date, enter your (attorney/agent) appearance, applicant's name and trade name. Check appropriate box if it is a Retailer, Wholesaler, Class A, B, C, D or Caterer. Provide name (attorney/agent), address and telephone number. This form may be used at any time by an attorney/agent who wishes to represent an applicant.

**CLEAN HANDS CERTIFICATION:**

This certification is required by the Clean Hands Act of 1996; effective May 11, 1996, , (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *ET SEQ.*) before you are eligible to receive a license or permit. Please have the Office of Tax and Revenue (OTR), located at 941 North Capitol Street, NE, 1<sup>st</sup> Floor, Washington, DC 20002 sign this prior to the submission of the application.

**SPECIAL NOTICE**

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify the ADA Coordinator at (202) 442-4423.



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ABRA APPLICATION – CATERER'S LICENSE

FOR OFFICIAL USE ONLY

Application Number: _____	<input type="checkbox"/> New	Date Accepted: _____
License Number: _____	<input type="checkbox"/> Transfer	Date Issued: _____
Control Number: _____	<input type="checkbox"/> Transfer With Sale	Hearing Date: _____
	<input type="checkbox"/> Transfer Without Sale	Accepted By: _____
	<input type="checkbox"/> Stock Transfer	
Fees Paid: \$ _____	From _____ To _____	License Period: From _____ To _____
Board Approved Date: _____	Board Member's Initials: → _____	

TO BE COMPLETED BY APPLICANT

1a. Type of license: <input type="checkbox"/> Caterer		
b. Does applicant currently hold one of the following on-premises retailer licenses?		
<input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Restaurant <input type="checkbox"/> Tavern <input type="checkbox"/> Nightclub <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/> Multi-Purpose Facility License number _____		
c. Estimated amount of annual gross receipts in DC: _____. Please attach a copy of the applicant's most recent (1) District of Columbia franchise tax return; or (2) Schedule C if a sole proprietor; or (3) IRS Form 1120 or 1120S if a corporation; or (4) IRS Form 1065 if a partnership.		
d. <input type="checkbox"/> I/We certify that I/we have gross receipts in the District in excess of \$1 million annually, and agree to pay the caterer license associated with caterer licenses for that income classification, in lieu of providing the documents requests in 1c above.		
2. Name of Applicant (Last Name, First Name, Middle Initial)		3. Trade Name
4. Business Address		5. Mailing Address if different from business ( )
6. Business Telephone Number ( )		7. Fax Number ( )
		8. Email Address
9. Type of Applicant <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other (PLLC, PA, PC)		
10. List the Sole Proprietors, and All Partners below.		
Name and Title		Address
11. If a Corporation gives the number of stocks and shares: Authorized _____ Issued _____		
Name and Title		Address
		# of Shares/ 25% interest or more
12. Has there been any administrative action taken against the applicant or any person listed above regarding ABC violations in the District of Columbia or any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain what administrative actions were taken, location of action, and the disposition.		
13. Certification: I hereby certify under perjury that the information in this application and attachments are true and correct to best of my knowledge and belief. I will also conform to all laws and regulations related to the alcoholic beverage license for which I have applied.		
Signature	Subscribed and sworn to before me on this _____ day _____, 20____.	Notary Public
		My commission expires on _____.
Signature	Subscribed and sworn to before me on this _____ day _____, 20____.	Notary Public
		My commission expires on _____.
Signature	Subscribed and sworn to before me on this _____ day _____, 20____.	Notary Public
		My commission expires on _____.
14. Please answer the question: In what language, if any, do you need vital documents translated, if any?		

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**

**FINANCIAL AFFIDAVIT**

Trade Name \_\_\_\_\_

A. List the cost/expenses below.

Purchase/Sale Price for Business or Stock	\$
Down Payment	\$
Amount Financed	\$
Working Capital	\$
Inventory	\$
Total Cost Expenses	\$

B. Source of funds to satisfy the transaction (\$amounts). Total(s) (multiple or sole source) must agree with the total cost expense. Funds dispersed to satisfy the transaction prior to the application must be accounted for in the area below 1-7.

1. Cash on Hands	\$
2. Savings Account	\$
3. Checking Account	\$
4. Certificate of Deposit	\$
5. Promissory Notes	\$
6. Loans	\$
7. Other	\$
Total Source Funds	\$

**BULK SALES NOTIFICATION If Applicable:** If you are purchasing an on-going business currently licensed by the ABC Board, you must comply with the District of Columbia Bulk Sales Act, D.C. Official Code Section 28:6-101 *et seq.* As purchaser, you must obtain a list of the seller's existing creditors and other information as provided by law, which is signed and sworn to by the seller. This list must be kept for six (6) months or filed with the Recorder of Deeds. Not more than ten (10) days before you take possession of, or pay for the business, you must send a notice to each creditor (delivered in person or sent by registered mail), which states, at a minimum, the following:

1. That a "Bulk" transfer is about to be made.
2. The names and business address of the seller and purchaser and any other business name and address used by the seller within the past three (3) years.
3. Whether or not the debts of the seller are to be paid as they fall due, and if so, the address to which the creditors should send their bills.
4. If the debts are not to be paid in full or the purchaser is not sure that the debts are to be paid in full, then the notice should state those items listed in D.C. Official Code Section 28:6-107(2)

Applicant Signature \_\_\_\_\_

Print Name \_\_\_\_\_

The foregoing was subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public \_\_\_\_\_

My Commission Expires on \_\_\_\_\_

Note to Applicant: This form must be completed for all new applicants and changes of ownership. Additional documents may be requested by the administration.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**Personal History and Information Release Authorization Affidavit**

All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, Room 3058, located At 300 Indiana Avenue NW, Washington, D.C. 20001, Monday thru Friday, between the hours of 9:00am to 3:00 pm (fee is required). In addition, a police clearance for your current residence and from each state in which you have resided during the last five years.

**Note: Please complete a personal history for each of the following:**

Sole Proprietor, Partner(s), Corporate Officers, Directors of Corporation, Managing Member(s), General Partner(s).

<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> New Application</div><div><input type="checkbox"/> Transfer</div><div><input type="checkbox"/> Stock Transfer</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Trade Name _____</div><div>Number of Shares of Stock _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Reviewed By _____</div><div>Application Date _____</div></div>		
1. Name (Last, First, Middle Initial)	2. Title	
3. Home Address	4. Telephone Number (     )	
5. Date of Birth /     /	6. Place of Birth	
7. List Aliases		
8. Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If you are a naturalized citizen, attach copy). Give date, place and certificate number below. If no please complete 8a.</i>		
8a. If applicable, attach copy of the following document:     Green Card Number: _____		
Visa Number: _____     Work Permit: _____     Expiration Date: _____		
9. Have you ever:		
1. received or applied for any alcoholic beverage license in the D.C. or any state or territory		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. had any alcoholic beverage license suspended or revoked		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years <i>(If yes, attach a copy of the court disposition)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does any member of your immediate family now hold an ABC license or have any financial interest, directly or indirectly, in any ABC licensed establishment in the District of Columbia?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		



## INFORMATION RELEASE AUTHORIZATION

CAREFULLY READ THIS AUTHORIZATION TO RELEASE INFORMATION ABOUT YOU, THEN SIGN AND DATE IN INK.

I authorize any agent from the Alcoholic Beverage Regulation Administration, to obtain any information, relating to my activities, from employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments, or individuals. This information may include, but is not limited to, my residential, personal, or criminal history record and financial and credit information.

I further authorize release of my criminal history from criminal justice agencies for the purpose of determining my eligibility for a liquor license as a licensee, owner, manager, or solicitor.

I understand that the information released is for official use by the Alcoholic Beverage Regulation Administration, and that these users may redisclose this information as authorized by law.

I release any individual, including records custodians, from all liability for damages that may result to me because of compliance, or any attempts to comply, with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Failure to complete this form may result in delays of obtaining your license or permit and may result in the license or permit being denied if this information cannot otherwise be obtained.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full name type or printed

\_\_\_\_\_  
Other names used

\_\_\_\_\_  
Social security number

\_\_\_\_\_  
Other names used

\_\_\_\_\_  
Other names used

\_\_\_\_\_  
Current address

\_\_\_\_\_  
Home phone number

\_\_\_\_\_  
Date

I hereby certify under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief. I further, hereby, authorize the Alcoholic Beverage Control Board or its employees to investigate any and all of the information provided by me in this application for an ABC license or permit.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Print Name & Title \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

My Commission expires on: \_\_\_\_\_

GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



ATTORNEY / AGENT DESIGNATION

Date: \_\_\_\_\_

Please enter my appearance as Attorney / Agent for: \_\_\_\_\_

Applicant's Name/Trade: \_\_\_\_\_

☐ Retailer

☐ Wholesaler

☐ Caterer

☐ Class ☐ A ☐ B ☐ C ☐ D

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



<b>FOR OFFICIAL USE ONLY</b>
<b>OFFICE OF TAX &amp; REVENUE (OTR)</b>
<hr/> <b>SIGNATURE</b> <hr/>
<hr/> <b>DATE</b> <hr/>

**PLEASE SIGN AND RETURN BOTH COPIES OF THIS CLEAN HANDS CERTIFICATION**

TO THE APPLICANT: PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE ADMINISTRATION PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00 (ONE THOUSAND DOLLARS). THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *et seq.*) BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.

I, \_\_\_\_\_, as \_\_\_\_\_,  
(Name – Print or Type) (Applicant's Title)

certify that \_\_\_\_\_, social security number

\_\_\_\_\_, as of this date \_\_\_\_\_, does not owe more than \$100.00 to the

District of Columbia Government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Official Code Sec. 8-801 *et seq.*);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code Sec. 8-901 *et seq.*);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code Sec. 2-1801.01 *et seq.*); or
4. Past due taxes; or
5. Past due District of Columbia Water and Sewer Authority Service Fees; or
6. Traffic Adjudication fines or penalties assessed pursuant to Chapter 25 of Title 50.

I understand that if I knowingly falsify this Certification, the Administration will move to revoke the license or permit for which I am applying, and fine me \$1,000.00 (one thousand dollars). I further understand that the Administration may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
ABC Application Number

\_\_\_\_\_  
ABC License Number

CC: Office of Tax and Revenue  
(REV 4/03)

For Tax Assistance Call (202) 727-4829